Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

None

Computer Readable Form

No

(CRF)?::

Number of copies of CRF::

Title ::

OCCLUSION GUIDANCE APPLIANCE

Attorney Docket Number::

7831.1024

Request for Early Publication?::

n?:: *N*o

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

3

Small Entity?::

No

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship

Finland

Country::

Status::

Full Capacity

Given Name::

Katri

Middle Name::

Family Name::

Keski-Nisula

Name Suffix::

City of Residence::

Vaasa

State or Province of

Residence::

Country of Residence::

Finland

Street of mailing address::

Rantakatu 11 A 14

City of mailing address::

Vaasa

State or Province of mailing address::

Country of mailing

Finland

address::

Postal or Zip Code of

FI-65100

mailing address::

NOTE: Repeat this information for each inventor or other applicant. Non-Inventor applicant information such as legal representative of a deceased inventor should follow the inventor(s) for whom the applicant is acting.

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship

Finland

Country::

Status::

Full Capacity

Given Name::

Juha

Middle Name::

Family Name::

Varrela

Name Suffix::

City of Residence::

Turku

State or Province of

Residence::

Country of Residence::

Finland

Street of mailing address::

Piispankatu 1

City of mailing address::

Turku

State or Province of mailing address::

Country of mailing

Finland

address::

Postal or Zip Code of

FI-20500

mailing address::

Correspondence Information

Correspondence Customer
Number::

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

(212) 768-3800

Fax Number:

(212) 382-2124

pto@steinbergraskin.com

E-Mail address::

Representative Information

Representative Customer	21831	
Number::		

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FI04/00433	07/07/04

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Finland	031037	07/07/03	Yes

Assignee Information

Assignee name::

LM-Instruments Oy

Street of mailing

PL 88

address::

City of mailing address:: Parainen

State or Province of mailing address::

Country of mailing

Finland

address::

Postal or Zip Code of

FI-21601

mailing address::